

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42812

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003City St. Louis Mo. (No. Sanitarians)

File No.

Registered No. 12736

St. Ward)

2. FULL NAME

(a) Residence, No. 1021 Eureka 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr. 10, 1856

7. AGE

YEARS

75

MONTHS

8

DAYS

10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Missouri

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

O. E. Hoffat 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chenwood An DATE Dec 26, 1931

19. UNDERTAKER (ADDRESS)

W. S. Wade Undertaking Co 11203 Piney Ave

20. FILED

DEC 26 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 193122. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Dec 20, 1931Last saw her alive on Dec 20, 1931. Death is saidto have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Valvular Disease

Date of onset

6-24-21Arterio-Sclerosis6-24-21

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) O. E. Hoffat, M. D.(Address) 5400 Arsenal

